



Provider Communication

Subject: Update: DME Mass Adjustment Schedule	Priority: High
Date: December 23, 2009	Message ID: ACSBNR12232009_1

Dear DME Providers,

All DME claims for dates of service on and after July 1, 2009, will be reprocessed, pursuant to the rate change implementation. The reprocessing will occur during the February 5, 2010 and February 12, 2010 claim cycles.

Providers are encouraged to carefully monitor the remittance advice (RA) to determine the claims' disposition and follow up action. The reprocessed claim will appear on the RA in the "Adjusted Claims" section with a transaction control number (TCN) beginning with a four (4).

For reprocessed claims that deny for an invalid prior approval number (PA) providers are required to correct and resubmit the claim using the revised PA number and appropriate unique HCPCS code. Please refer to the July 6, 2009 Banner Message for instructions on how to change/update an existing PA.

For reprocessed claims that deny against other edits, i.e., member not eligible on the date of service, non-covered code, etc, providers are required to correct and resubmit the claim within 90-days of the denial. All claims resubmitted outside of the 90-day timely filing period are subject to further denial and not eligible for reprocessing.

For questions pertaining to prior authorization or claims, please contact the GHP Provider Inquiry Unit at 800-766-4456. Thank you for your continued participation in the Georgia Medicaid Program.